



WAIVER, GENERAL RELEASE OF LIABILITY AND ASSUMPTION OF RISK

TOWN/CITY, STATE, ZIP CODE

I, _____, of _____,
(print full name) (print place of residence)

do hereby acknowledge, release, and forever discharge White Birch Ammo, LLC d/b/a White Birch Armory, of Dover, NH ("WBA"), its members, managers, employees, agents, contractors, successors and assigns, of and from any and all manner of action and actions, claims, suits, damages, judgments and demands of any kind whatsoever, whether now or in the future, at law or in equity, that results or may result from firearms or subject control products used upon the premises of or from any training or instruction on the use of such firearms and subject control procedures by WBA, its successors, employees, agents and assigns or from any other uses of firearms or subject control products by patrons of WBA.

I further acknowledge and understand that the use of firearms/axe throwing is an inherently dangerous activity for which it is impossible to eliminate all risks, hazards and dangers including, but not limited to, handling and being in close proximity to other patrons handling firearms/axes, hearing damage, injury from ammunition or other projectiles and damage to property, and I knowingly, voluntarily and intelligently assume the risks of using and employing firearms or other similar products on the premises of WBA, its successors and assigns. I have had the opportunity to discuss the risks with WBA personnel.

I further acknowledge that the study and application of firearms techniques and subject control procedures is physically demanding and requires that I possess a degree of knowledge necessary for me to engage in the activities safely and that I be in good physical condition, and free of any disability or physical condition that would prohibit my participation.

I hereby certify I have never been convicted of any domestic violence crime, I am lawfully able to possess firearms in the state of New Hampshire, I have never been convicted of a felony crime, there are no current court or police or legal orders preventing me from possessing firearms in any state. Furthermore, I am not the subject (defendant) of any protective order, stalking order, or domestic violence order. I have never received a discharge from the armed forces that was NOT honorable.

I further acknowledge that I have read and understood the foregoing WAIVER, RELEASE OF LIABILITY and ASSUMPTION OF RISK.

IN WITNESS WHEREOF, the undersigned does hereby execute this document on this

_____ day of _____, 20____.

(Print Name)

(Age)

(Signature)

FIREARMS SAFETY RULES

1. **MUZZLE MANAGEMENT**: Always keep your muzzle pointed in a safe direction (downrange when on the range).
2. **TRIGGER FINGER CONTROL**: Always keep your finger off the trigger until your muzzle is on target and you are ready to fire.
3. Treat all firearms as though they are loaded. When clearing always check visually and physically to confirm it is unloaded. Always understand the status of your equipment.
4. Be sure of your target and what is beyond/around it.
5. Hearing protection and wrap around eye protection are always required to be worn while firing. Open toed footwear and low-cut attire is not permitted.
6. Follow any additional safety guidance provided by instructors and range staff.
7. You are expected to use good judgment, and to refrain from attempting any exercise, which you may not be able to perform safely, based upon your own ability, equipment, prior training or physical condition.
8. Everyone has the responsibility for range safety. If you see something wrong, immediately notify range staff.
9. You acknowledge that you do not have, nor will you have at the time you use the range, any physical disability, limitation, allergy, illness or other condition that would affect your ability to participate safely in any aspect of this program and that you shall notify WBA of any changes to any such status.
10. You acknowledge that you are not, and will not be for the preceding forty-eight (48) hours prior to, or during, your use of the range, under the influence of any prescription/nonprescription drug or alcohol that would influence your safe participation, and further acknowledge that shall notify WBA of any changes to such status and shall refrain from participation if you are under the influence of such substances.
11. You are responsible for any damage to yourself, property, or persons by your misuse of firearms/axes or your actions while on WBA's premises. *You will be charged \$35 per hit after the first hit to the retriever.*
12. Prior to handling any firearm with which you are unfamiliar, you must notify instructors or range staff.

I HAVE READ AND UNDERSTAND THE RANGE SAFETY RULES AND GUIDELINES. I ACKNOWLEDGE THAT IT IS MY RESPONSIBILITY AND AFFIRMATIVE DUTY TO NOTIFY WBA UPON ANY CHANGE TO MY CONDITION AND/OR TO THE STATEMENTS THAT I HAVE MADE HEREIN PRIOR TO MY NEXT USE OF WBA'S RANGE AND/OR FIREARMS AFTER THE OCCURRENCE OF SUCH CHANGE(S). IN CONSIDERATION OF MY USE OF WBA'S RANGE AND/OR FIREARMS, I HEREBY COMPLETELY RELEASE, ACQUIT AND FOREVER DISCHARGE WBA, ITS AFFILIATES AND EACH OF THEIR RESPECTIVE MEMBERS, MANAGERS, OFFICERS, EMPLOYEES AND AGENTS ("RELEASED PARTIES"), AND WILL DEFEND, INDEMNIFY AND HOLD HARMLESS RELEASED PARTIES FROM AND AGAINST ANY AND ALL CLAIMS, DEMANDS, DAMAGES, CAUSES OF ACTION, DEBTS, LIABILITIES, CONTROVERSIES, JUDGMENTS AND SUITS OF EVERY KIND AND NATURE WHATSOEVER (INCLUDING REASONABLE ATTORNEYS' FEES) ARISING OUT OF A CHANGE IN MY CONDITION AND/OR TO MY STATEMENTS MADE HEREIN FOR WHICH I FAILED TO NOTIFY WBA IN THE AFORESAID MANNER.

Print Name: _____

Signature: _____ Date: _____